

4975

THIS IS A PRELIMINARY RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>123</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>386</u>	
Town of _____		Local Registrar No. _____	
or			
City of <u>Miami</u>	No. <u>Warrior Canyon</u> St. _____ Ward) _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Roberto Rono</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>m</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>84</u>	5. No., in order of birth <u>84</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>8-23-22</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Pito Rono</u>		Full maiden name <u>Maria Orila</u>	
9. Residence (Usual place of abode) <u>Miami-Ariz</u>	If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami-Ariz</u>	If nonresident, give place and State
10. Color or race <u>mex</u>	11. Age at last birthday <u>41</u> (Years)	16. Color or race <u>mex</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Mexico</u>	(State or country)
13. Occupation <u>miner</u>	Nature of Industry	19. Occupation <u>H. W.</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here: in certified and including this child.)		(a) Born alive and now living <u>yes</u> (b) Born alive but now dead <u>three</u> (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at _____ p.m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>E. J. Valenzuela</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Miami-Ariz</u>	
<u>996-823-911</u> Registrar.		Filed <u>Aug 26</u> , 19 <u>22</u> <u>B. N. Hardy</u> Local Registrar.	
		Filed <u>9/7</u> , 19 <u>22</u> <u>B. N. Hardy</u> County Registrar.	